



Roy Jorgensen Associates, Inc.
PO Box 70
Buckeystown, MD 21717
Office: 240-436-4913 Fax: 301-874-2876

Revised Invoice

To: Shavette R. Jones
800 Link Drive
Apt 1016
Duncanville, TX 75116

Invoice No.: 110235-11604112

Invoice Date: June 6, 2016

Billy J. Smith
800 Link Drive
Apt 1016
Duncanville, TX 75116

Aggressive Insurance
PO Box 143279
Irving, TX 75014
Attn: Danielle Clairborne
Via email: danielle.claiborne@aggressiveusa.com

Re: Claim No: 16103723
Policy No: CTL84724301

Owner: Shavett R. Jones
Driver: Billy J. Smith

**For damages to the President George Bush Turnpike on March 3, 2016
Southbound median before Lower Tarrant Road in Grand Prairie, Texas**

Description	Qty	Units	Cost	Total
Barrier wall repair with lane closure: remove damaged concrete, install/remove form and pour concrete				
Concrete repair	1	ea	\$ 12,000.00	\$ 12,000.00
TOTAL DUE				\$ 12,000.00

Please make checks payable and mail to:
Roy Jorgensen Associates, Inc.
Attn: TPC Administrator
P.O. Box 70
Buckeystown, MD 21717-0070

To pay electronically, route payments to:
Blue Ridge Bank
ABA # 055003560
Account # 114645

Federal Tax ID No: 52-0850711

PARTNERING FOR SUCCESS

SR: 188950-31030801



September 8, 2016

Via: Certified Mail and/or Regular First Class Mail

Shavette R. Jones
800 Link Drive
Apt 1016
Duncanville, TX 75116

Re: Reparation payment for damage to the President George Bush Turnpike

Dear Ms. Jones:

On March 3, 2016, at approximately 5:24 a.m., your vehicle, license plate: FPZ0364, was involved in an accident near Lower Tarrant Road in the southbound direction on President George Bush Turnpike (PGBT) in Grand Prairie, Dallas County. This accident caused damage to the barrier wall, which was subsequently repaired by Roy Jorgensen Associates, Inc. (RJA) under the terms of its contract with North Texas Tollway Authority. Specifically, this accident resulted in total damages to RJA of \$12,000.00.

On June 6, 2016, RJA sent you a copy of the invoice detailing the expenditures made to repair the damage that the vehicle caused, as well as a copy of the police report detailing the accident. Enclosed with this letter, please find an additional copy of the police report and invoice. **To date, RJA has not received payment.**

RJA hereby demands full payment of the delinquent amount. If we do not receive a certified check for full delinquent payment of \$12,000.00 on or before September 19, 2016, at 5:00 p.m., we will turn your file over to an attorney, who will be authorized to pursue legal action against you to recover damages.

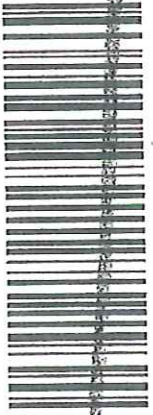
Please contact me if you wish to discuss this matter further.

Sincerely,

Darleen Husson
Claims Coordinator
Darleen_Husson@royjorgensen.com
240/436-4913

CERTIFIED MAIL

J JORGENSEN
Corporate Offices
3735 Buckeystown Pike
Post Office Box 70
Buckeystown, MD 21717-0070



7015 3010 0002 1148 4322

Hasler
09/08/2016
US POSTAGE \$006.46
ZIP 21717
011E11671962

*Wq, 10/30
AND 10/18*

RECEIVED
OCT 18 2016

Shavette R. Jones
800 Link Drive
Apt 1016
Duncanville, TX 75116

NIXIE 750 DE 1 0910/13/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 21717007070 *0327-05710-08-45

UNC
587 0113



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

110235-J1604112

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Shavette R. Jones
800 Link Dr.
Apt. 1016
Duncanville, TX 75116



9590 9403 0375 5163 1137 49

2. Article Number (Transfer from carrier label)

7015 3010 0002 1148 4322

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

2016 SR 188950



2nd REQUEST

September 8, 2016

Via: Certified Mail and/or Regular First Class Mail

Billy J. Smith
800 Link Drive
Apt 1016
Duncanville, TX 75116

Re: Reparation payment for damage to the President George Bush Turnpike

Dear Mr. Smith:

On March 3, 2016, at approximately 5:24 a.m., you were driving a vehicle, license plate: FPZ0364, which was involved in an accident near Lower Tarrant Road in the southbound direction on President George Bush Turnpike (PGBT) in Grand Prairie, Dallas County. This accident caused damage to the barrier wall, which was subsequently repaired by Roy Jorgensen Associates, Inc. (RJA) under the terms of its contract with North Texas Tollway Authority. Specifically, this accident resulted in total damages to RJA of \$12,000.00.

On June 6, 2016, RJA sent you a copy of the invoice detailing the expenditures we incurred as a result of this accident along with the police report detailing the accident. Enclosed with this letter, please find an additional copy of the police report and invoice. **To date, RJA has not received payment.**

We have sent the enclosed invoice and police report to the owner of the vehicle, Shavette R. Jones. You may be liable for all or part of this claim. If you were covered by an automobile policy at the time of the accident, please mail a copy of your automobile insurance card or declarations page to my attention at the address above no later than September 19, 2016. In addition, please send this information to me via email.

Please contact me if you wish to discuss this matter further.

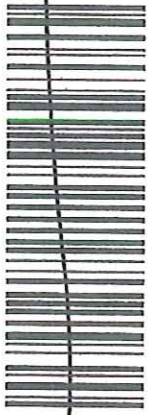
Sincerely,

Darleen Husson
by SRC

Darleen Husson
Claims Coordinator
Darleen_Husson@royjorgensen.com
240/436-4913

CERTIFIED MAIL

J
Corporate Offices
3735 Buckeystown Pike
Post Office Box 70
Buckeystown, MD 21717-0070



7015 3010 0002 1148 4339

Hasler
09/08/2016
US POSTAGE \$006.46



ZIP 21717
011E11671962



Billy J. Smith
800 Link Drive
Apt 1016
Duncanville, TX 75116

Lg-14

NIXIE 750 DE 1 0010/13/16
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 21717007070 *0327-05711-08-45

UNC
0013



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS (GLUE AT BOTTOM LINE)

110235-I/604112

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><i>Billy J. Smith</i> <i>800 Link Dr., Apt. 1016</i> <i>Duncanville, TX 75116</i></p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Barcode</p> <p>9590 9403 0375 5163 1137 32</p> <p>7015 3010 0002 1148 4339</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p>		<p>2016 SR 188950 Domestic Return Receipt</p>	



June 6, 2016

Via: Certified Mail and/or Regular First Class Mail

Shavette R. Jones
800 Link Drive
Apt 1016
Duncanville, TX 75116

Re: Reparation payment for damage to the President George Bush Turnpike

Dear Ms. Jones:

On March 3, 2016, your vehicle was involved in an accident on the President George Bush Turnpike (PGBT). This accident caused damage to the barrier wall, which was subsequently repaired by Roy Jorgensen Associates, Inc. (RJA). Under the terms of its contract with the North Texas Tollway Authority, RJA has been granted the legal authority to pursue reparation payment for any damages caused to the PGBT.

We have sent the enclosed invoice to Aggressive Insurance for the expenditures we incurred as a result of this accident, along with the police report detailing the accident.

If this information is incorrect, please mail a copy of your automobile insurance card or declarations page to my attention at the address below no later than June 20, 2016. In addition, please send this information to me via email. **If no insurance was in effect at the time of the accident, we request that you forward a certified check for \$12,000.00 (invoice enclosed).**

Please contact me should you wish to discuss this matter further.

Sincerely,

Darleen Husson

Claims Coordinator
Darleen_Husson@royjorgensen.com
240/436-4913

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><i>Shawnette R. Jones</i> <i>800 Link Dr, Apt 1016</i> <i>Duncanville, TX 75116</i></p> <p><i>110235-I1604112</i></p>  <p>9590 9402 1400 5329 2209 49</p> <p>2. Article Number: <i>7014 0510 0001 8293 6634</i></p>		<p>A. Signature <i>AA</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>6-9-16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>RECEIVED JUN 18 2016</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



June 6, 2016

Via: Regular First Class Mail

Billy J. Smith
800 Link Drive
Apt 1016
Duncanville, TX 75116

Re: Reparation payment for damage to the President George Bush Turnpike

Dear Mr. Smith:

On March 3, 2016, you were driving a vehicle that was involved in an accident on the President George Bush Turnpike (PGBT). This accident caused damage to the barrier wall, which was subsequently repaired by Roy Jorgensen Associates, Inc. (RJA). Under the terms of its contract with the North Texas Tollway Authority, RJA has been granted the legal authority to pursue reparation payment for any damages caused to the PGBT.

We have sent the enclosed invoice to the owner of the vehicle, Shavette R. Jones, for the expenditures we incurred as a result of this accident, along with the police report detailing the accident.

You may be liable for all or part of this claim. Therefore, please mail a copy of your automobile insurance card or declarations page to my attention at the address below no later than June 20, 2016. In addition, please send this information to me via email.

Please contact me should you wish to discuss this matter further.

Sincerely,

Darleen Husson

Claims Coordinator
Darleen_Husson@royjorgensen.com
240/436-4913

R03B3I	ROY JORGENSEN ASSOCIATES INC					11/8/2016 9:20:14		Page - 1	Remark
	Address Number	Alpha Name	Activity Log Report Co	Tickler Date	Activity Type	Description			
	110235	NTTA - Dallas TPCs	00100	10/3/2016	99	Other/Internal Communication	11604112		
		Darleen H. W/O to send to Atty for collections being no response from Ins Co, owner or driver.							
	110235	NTTA - Dallas TPCs	00100	9/6/2016	46	Demand Letter Mailed	11604112		
		9/6/16 Susan C. 90-day rvw. Prepared owner and driver demand ltrs to send reg/CM on Sept 8. (PR 2016101232 for 1st accident, Shavette R. Jones and Billy J. Smith)							
	110235	NTTA - Dallas TPCs	00100	8/10/2016	04	Email/Letter/Fax sent (attach)	11604112		
		8/10/16 Susan C. 90-day rvw. Called Aggressive Insurance adj Danielle and voice msg was not hers and name was not clear. Efaxed invoice to 866-424-9537 requesting pmt status.							
	110235	NTTA - Dallas TPCs	00100	6/13/2016	99	Other/Internal Communication	11604112		
		Jamms history notes:							
		****if receive correct PR, send copy to English Law****							
		6/13/16 Darleen H. rec'd 1st acc owner inv pbg cert card signed by SS, scanned.							
		6/7/16 Darleen H. rec'd ltr from USPS stating we would need to file claim using enclosed form 95. This is for the 2nd accident veh 1. Scanned. Called 214/528-4300 for Bill at English Law, he wasn't in office but was given bhurton@englishpllc.com to email 1st acc PR.							
		6/6/16 Darleen H. rec'd email from Elizabeth w/PR 2016101232 for 1st accident, attached to SR. Rev inv, emailed to Danielle at Aggressive, mailed to owner CM & reg mail & mail reg mail to driver. Need to call English Law for email or fax to send 1st acc PR.							
		6/2/16 Darleen H. resent email to Elizabeth asking for PR for 1st accident. Need so can revise inv for Ins Co.							
		5/13/16 Darleen H. rec'd call from Bill at English Law. He is looking for the PR involving the veh that was in the middle of the travel lanes in the dark & no lights on that his client hit. He rec'd a ltr from Continetal Ins Sves representing Aggressive Ins.							
		5/10/16 Darleen H. rec'd VM from 214/528-4300 at English Law office from Bill. His client is Denleen Wesley, the driver of the USPS rental from Ryder on PR 2016111449.							
		5/6/16 Darleen H. called Ryder at 610/429-2338 & left VM for Greg Archer to call. Rec'd callback from Greg. He gave me contact info for office that handled the rental to USPS. Called 214/634-0010 & spoke to Matt in rentals, who transferred me to Steven. Steven stated that veh 3 at fault & that Ryder isn't							

Address Number	Alpha Name	Co	Tickler Date	Activity Type	Description	Remark
	<p>paying for damage. Called Home State at 877/754-9526 & spoke to Jared for vch 3 claim 16103723. Aggressive Ins Adj- Danielle Clairborne, P-972/827-3873 F-866/424-9537 email-danielle.clairborne@aggressiveusa.com . Called Aggressive Ins at 972/827-3873 & left VM for Danielle to call about claim. Rec'd call 214/634-0010 from Landon Woods at Ryder asking about who was at fault on PR. Emailed him vch 3 ins contact info to landon_woods@ryder.com . Emailed Elizabeth asking for the PR to 1st acc involving vch 3.</p> <p>5/5/16 Darleen H. rec'd driver inv pkg cert card & signed by driver.</p> <p>4/28/16 Darleen H. emailed inv pkg to Ins Co & sent driver inv pkg CM & reg mail. Rec'd email from Mark Gilbert at Great West denying due to truck is used by USPS not his insured. Gave me contact info for Ryder.</p> <p>4/19/16-Mary P. recd claim info from Stacy via email.</p> <p>4/19/16-Mary P. emailed copy of PR per email request of Stacy Schoenherr.</p> <p>4/18/16-Mary P. called Ins Co for claim info (new claim). Adj will call. No claim # yet. Report #A1179090.</p> <p>4/18/16-Mary P. did SaferSys search on DOT#00016130, no report located.</p> <p>4/18/16-Mary P. printed file.</p>					



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

*Crash Date (MM/DD/YYYY) 03 / 03 / 2016		*Crash Time (24HRMM) 05:24		Case ID		Local Use	
*County Name DALLAS				*City Name GRAND PRAIRIE			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.78268		Longitude (decimal degrees) 097.02278	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num.		2 Rdwy. Part 1		Block Num.	
				3 Street Prefix		*Street Name PRESIDENT GEORGE BUSH TURNPIKE	
4 Street Suffix							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit 70		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
						Block Num.	
3 Street Prefix		Street Name		4 Street Suffix			
Distance from Int. or Ref. Marker 10		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker 505	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FPZ0364		VIN JTG6GF10UXY0080626					
Veh. Year 2000		6. Veh. Color WHI		Veh. Make LEXUS		Veh. Model RX 300	
7 Body Style P4		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 5		DL/ID State		DL/ID Num.		9 DL Class 5	
10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY) 05/13/1989			
Address (Street, City, State, ZIP) 800 LINK DR #1016 DUNCANVILLE, TX 75116							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 26		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address JONES, SHAVETTE RENE, 800 LINK DR DUNCANVILLE, TX 75116					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Home State	
Fin. Resp. Num. CTI847243-01							
27 Vehicle Damage Rating 1 1 1 - F L - 5		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By JORDAN'S TOWING		Towed To 601 DIGITAL DRIVE, PLANO, TX 75075					
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Num.							
27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By		Towed To					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	NO DRIVERS LICENSE-WHEN UNLICENSED	TX4K260SRAPT

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address
	CONCRETE WALL		NORTH TEXAS TOLLWAY AUTHORITY	PO BOX 262369 PLANO, TX 75026

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Style
	Trailer 1 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	41								1	3	97	3	1	1

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)		Field Diagram - Not to Scale	
	UNIT 1 WAS TRAVELING SOUTHBOUND PRESIDENT GEORGE BUSH TURNPIKE IN LANE 1. UNIT 1 TOOK FAULTY EVASIVE ACTION TO AVOID STRIKING AN OBJECT IN THE ROADWAY. UNIT 1 OVER STEERED TO THE LEFT AND STRUCK THE CENTER CONCRETE WALL. DUE TO IMPACT, UNIT 1 SUSTAINED FL DAMAGE. UNIT 1 CAME TO REST IN LANE 1 FACING WEST.			

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 5 2 7	DISPATCHED	0 5 4 2	03/08/2016
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) PETERS II, JERRY WAYNE		ID Num. 12819

ORI Num.	*Agency	Service/Region/DA
	DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS	H P 1 A 1 1

Image List Report

Case 3:17-cv-02030-N Document 1-1 Filed 08/01/17 Page 15 of 33 PageID 24



Description:

Ref Type	Ref Key	Image Date	Format	Last Updated	Updated By
SR	188950	3/3/2016 1:53:39 PM	JPG	3/3/2016 2:53:43 PM	adamssc0

Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_1.JPG inserted.



SR	188950	3/3/2016 1:54:06 PM	JPG	3/3/2016 2:54:11 PM	adamssc0
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Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_2.JPG inserted.



Image List Report

Case 3:17-cv-02030-N Document 1-1 Filed 08/01/17 Page 16 of 33 PageID 25



Description:

Ref Type	Ref Key	Image Date	Format	Last Updated	Updated By
SR	188950	3/3/2016 1:54:43 PM	JPG	3/3/2016 2:54:48 PM	adamssc0

Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_3.JPG inserted.



SR	188950	3/3/2016 1:55:03 PM	JPG	3/3/2016 2:55:09 PM	adamssc0
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Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_4.JPG inserted.



Description:

Ref Type	Ref Key	Image Date	Format	Last Updated	Updated By
SR	188950	3/3/2016 1:55:28 PM	JPG	3/3/2016 2:55:33 PM	adamssc0

Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_5.JPG inserted.



SR	188950	3/3/2016 1:55:48 PM	JPG	3/3/2016 2:55:52 PM	adamssc0
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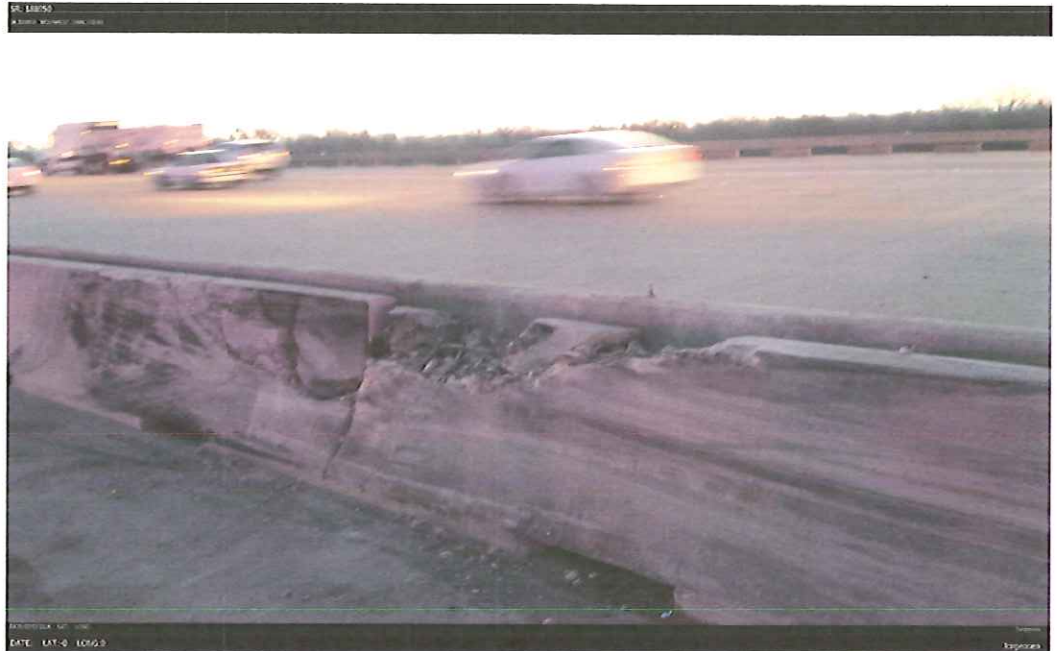
Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_6.JPG inserted.



Description:

Ref Type	Ref Key	Image Date	Format	Last Updated	Updated By
SR	188950	3/3/2016 1:57:35 PM	JPG	3/3/2016 2:57:39 PM	adamssc0

Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_7.JPG inserted.



SR	188950	3/3/2016 1:57:54 PM	JPG	3/3/2016 2:57:57 PM	adamssc0
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Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_8.JPG inserted.

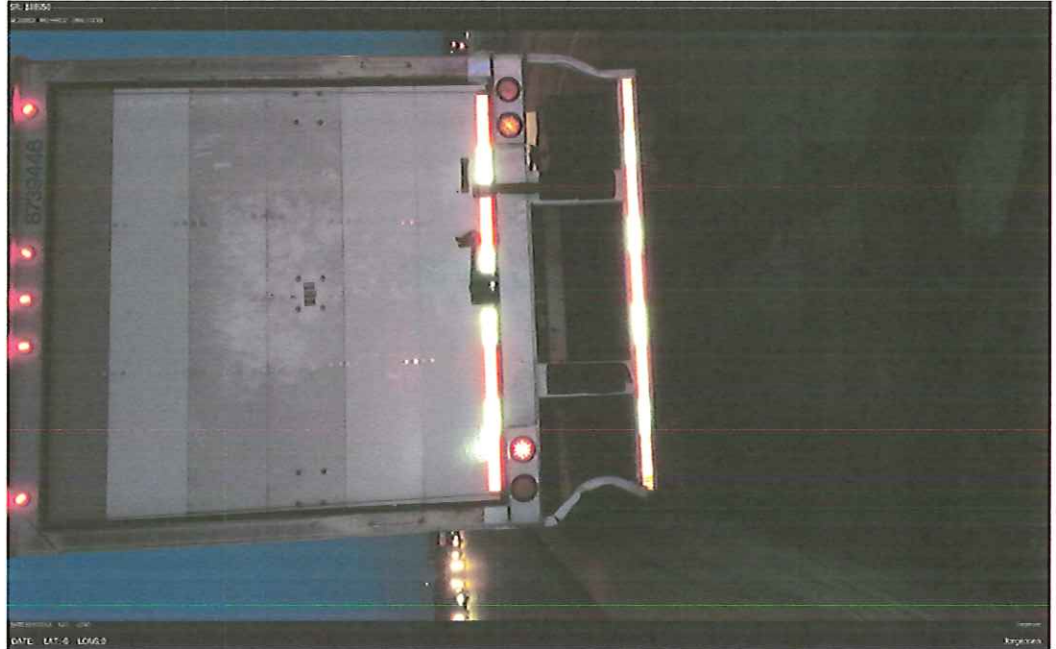


Description:

Ref Type	Ref Key	Image Date	Format	Last Updated	Updated By
SR	188950	3/3/2016 1:58:15 PM	JPG	3/3/2016 2:58:19 PM	adamssc0

Image:

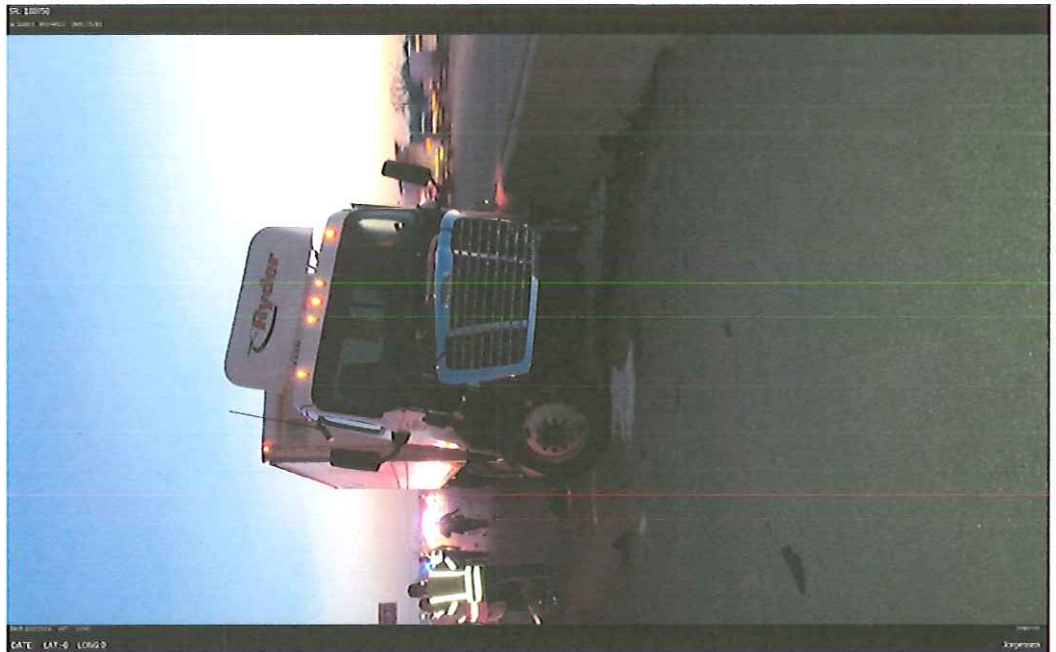
C:\Users\adamssc0\Pictures\Lower Tarrant_9.JPG inserted.



SR	188950	3/3/2016 1:58:35 PM	JPG	3/3/2016 2:58:40 PM	adamssc0
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Image:

C:\Users\adamssc0\Pictures\Lower Tarrant_10.JPG inserted.



Description:

Ref Type	Ref Key	Image Date	Format	Last Updated	Updated By
SR	188950	3/3/2016 1:59:00 PM	JPG	3/3/2016 2:59:04 PM	adamssc0

Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_11.JPG inserted.



SR	188950	3/3/2016 1:59:19 PM	JPG	3/3/2016 2:59:23 PM	adamssc0
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Image:
C:\Users\adamssc0\Pictures\Lower
Tarrant_12.JPG inserted.





April 28, 2016

Via: Regular First Class Mail

Ryder Truck Rental
3200 Halifax Street
Dallas, TX 75247
Attn: Claims Dept

Re: Reparation payment for damage to the President George Bush Turnpike

Dear Claims Dept:

On March 3, 2016, your vehicle was involved in an accident on the President George Bush Turnpike (PGBT). This accident caused damage to the barrier wall, which was subsequently repaired by Roy Jorgensen Associates, Inc. (RJA). Under the terms of its contract with the North Texas Tollway Authority, RJA has been granted the legal authority to pursue reparation payment for any damages caused to the PGBT.

We have sent the enclosed invoice to Great West Casualty for the expenditures we incurred as a result of this accident, along with the police report detailing the accident.

If this information is incorrect, please mail a copy of your automobile insurance card or declarations page to my attention at the address below no later than May 12, 2016. In addition, please send this information to me via email. **If no insurance was in effect at the time of the accident, we request that you forward a certified check for \$12,000.00 (invoice enclosed).**

Please contact me should you wish to discuss this matter further.

Sincerely,

Darleen Husson

Claims Coordinator
Darleen_Husson@royjorgensen.com
240/436-4913



April 28, 2016

Via: Certified Mail and/or Regular First Class Mail

Denleen L. Wesley
6201 Windhaven Parkway
Apt 2222
Plano, TX 75093

Re: Reparation payment for damage to the President George Bush Turnpike

Dear Ms. Wesley:

On March 3, 2016, you were driving a vehicle that was involved in an accident on the President George Bush Turnpike (PGBT). This accident caused damage to the barrier wall, which was subsequently repaired by Roy Jorgensen Associates, Inc. (RJA). Under the terms of its contract with the North Texas Tollway Authority, RJA has been granted the legal authority to pursue reparation payment for any damages caused to the PGBT.

We have sent the enclosed invoice to the owner of the vehicle, Ryder Truck Rental, for the expenditures we incurred as a result of this accident, along with the police report detailing the accident.


You may be liable for all or part of this claim. Therefore, please mail a copy of your automobile insurance card or declarations page to my attention at the address below no later than May 12, 2016. In addition, please send this information to me via email.

Please contact me should you wish to discuss this matter further.

Sincerely,

Darleen Husson

Claims Coordinator
Darleen_Husson@royjorgensen.com
240/436-4913

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Dale W</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Denleen L Wesley</i> <i>6201 Windhaven Pkwy</i> <i>Apt 2222</i> <i>Plano TX 75093</i> <i>110235-I 1604112</i></p>  <p>9590 9402 1400 5329 2210 07</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		<p>RECEIVED MAY 05 2016</p>	
<p>3. Service type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p>7014 0510 0001 8293 6696</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	



Roy Jorgensen Associates, Inc.
 PO Box 70
 Buckeystown, MD 21717
 Office: 240-436-4913 Fax: 301-874-2876

Invoice

To: **Ryder Truck Rental**
 3200 Halifax Street
 Dallas, TX 75247
 Attn: Claims Dept

Invoice No.: **110235-11604112**

Invoice Date: April 28, 2016

Denleen L. Wesley
 6201 Windhaven Parkway
 Apt 2222
 Plano, TX 75093

Great West Casualty
 PO Box 94
 South Sioux City, NE 68776
 Attn: Mark Gilbert
 Via email: m.gilbert2@gwccnet.com

Re: **Claim No: J91871**
Policy No: GWP18221L

Owner: Ryder Truck Rental
Driver: Denleen L. Wesley

For damages to the President George Bush Turnpike on March 3, 2016
Southbound median before Lower Tarrant Road in Grand Prairie, Texas

Description	Qty	Units	Cost	Total
Barrier wall repair with lane closure: remove damaged concrete, install/remove form and pour concrete				
Concrete repair	1	ea	\$ 12,000.00	\$ 12,000.00
TOTAL DUE				\$ 12,000.00

Please make checks payable and mail to:
 Roy Jorgensen Associates, Inc.
 Attn: TPC Administrator
 P.O. Box 70
 Buckeystown, MD 21717-0070

To pay electronically, route payments to:
 Blue Ridge Bank
 ABA # 055003560
 Account # 114645

Federal Tax ID No: 52-0850711

PARTNERING FOR SUCCESS

SR: 188950-31030801



Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

*Crash Date (MM/DD/YYYY) 03 / 03 / 2016		*Crash Time (24HRMM) 05:24		Case ID		Local Use	
*County Name DALLAS				*City Name GRAND PRAIRIE			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.78268		Longitude (decimal degrees) 097.02278	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num.		2 Rdwy. Part 1		3 Street Prefix	
Block Num.		*Street Name PRESIDENT GEORGE BUSH TURNPIKE		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit 70		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker 10		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker 505	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 2304031		VIN 3AKJGE DV9FSGA156		Veh. Year		6. Veh. Color WHI	
Veh. Make FREIGHTLINER		Veh. Model CONVENTIONAL		7 Body Style TT		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 2		DL/ID State TX		DL/ID Num. 16288836		9 DL Class A	
10 CDL End. T,N		11 DL Rest. 96		DOB (MM/DD/YYYY) 12/30/1973			
Address (Street, City, State, ZIP) 6201 WINDHAVEN PKWY APT 2222 PLANO, TX 75093							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 42		15 Ethnicity B		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RENTAL, RYDER TRUCK, 3200 HALIFAX DALLAS, TX 75247					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 2		Fin. Resp. Name GREAT WEST INS		Fin. Resp. Num. GWP18221L	
Fin. Resp. Phone Num. (800) 228-8602		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By JORDAN'S TOWING		Towed To 3200 HALIFAX, DALLAS, TX					
Unit Num. 2		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num. UNK		VIN U N K		Veh. Year		6. Veh. Color WHI	
Veh. Make UNKNOWN		Veh. Model UNKNOWN		7 Body Style TL		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address UNITED POSTAL SERVICE, 951 W BETHEL RR COPPELL, TX 75099					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 7		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9 - L P - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By JORDAN'S TOWING		Towed To 951 W BETHEL, COPPELL, TX					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	METHODIST HOSPITAL	DALLAS EMS		

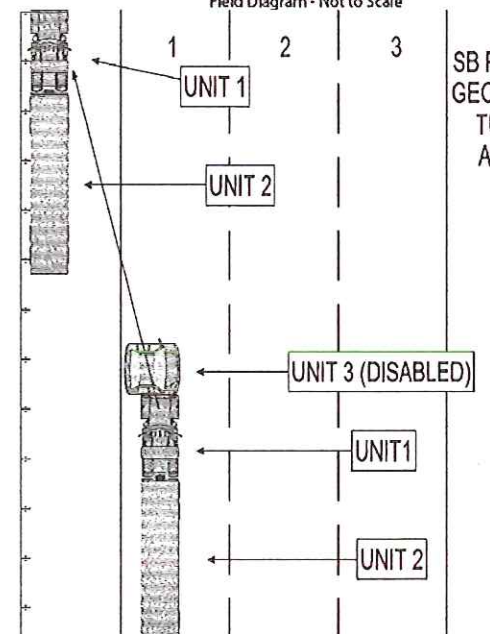
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address
	CONCRETE WALL/40FT		NORTH TEXAS TOLLWAY AUTHORITY	PO BOX 262369 PLANO, TX 75026

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		1	1	00016130	9	
	Carrier's Corp. Name RYDER TRUCK RENTAL											
	Carrier's Primary Addr. 3200 HALIFAX DALLAS, TX 75247											
	31 Bus Type	0	<input checked="" type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	8	0	0	0	0	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	32 HazMat Class Num.											

FACTORS & CONDITIONS	Trailer 1 Unit Num.	2	<input checked="" type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	8 <td>0</td> <td>0</td> <td>0</td> <td>0</td> <th>34 Trlr. Type</th> <td>2</td> <th>CMV Disabling Damage?</th> <th>Yes</th> <th>No<th>Trailer 2 Unit Num.</th><th><input type="checkbox"/> RGWW</th><th><input type="checkbox"/> GVWR</th><th>34 Trlr. Type<th>CMV Disabling Damage?</th><th>Yes</th><th>No</th></th></th>	0	0	0	0	34 Trlr. Type	2	CMV Disabling Damage?	Yes	No <th>Trailer 2 Unit Num.</th> <th><input type="checkbox"/> RGWW</th> <th><input type="checkbox"/> GVWR</th> <th>34 Trlr. Type<th>CMV Disabling Damage?</th><th>Yes</th><th>No</th></th>	Trailer 2 Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type <th>CMV Disabling Damage?</th> <th>Yes</th> <th>No</th>	CMV Disabling Damage?	Yes	No	
	Sequence Of Events	35 Seq. 1	14	35 Seq. 2	18	35 Seq. 3	35 Seq. 4															
	36 Contributing Factors (Investigator's Opinion)																					
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control						
										1	2	97	3	1	1	17						
	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)																					

UNIT 1 (TOWING UNIT 2) WAS TRAVELING SOUTHBOUND PRESIDENT GEORGE BUSH TURNPIKE IN LANE 1. UNIT 3 WAS DISABLED IN LANE 1 FACING WESTBOUND DUE TO AN UNRELATED ACCIDENT. UNIT 1 STRUCK UNIT 3. DUE TO IMPACT, UNIT 1 SUSTAINED FD DAMAGE AND UNIT 3 SUSTAINED RP DAMAGE. UNIT 1 CONTINUED SOUTH IN LANE 1 AGAINST THE CENTER CONCRETE WALL AND CAME TO REST IN LANE 1 FACING SOUTH. UNIT 3 CAME TO REST IN LANE 1 FACING WEST.

NARRATIVE AND DIAGRAM	Field Diagram - Not to Scale															
	SB PRESIDENT GEORGE BUSH TURNPIKE AND IH30															
																

INVESTIGATOR	Time Notified (24HR:MM)	0	5	2	4	How Notified	DISPATCHED	Time Arrived (24HRMM)	0	5	4	2	Report Date (MM/DD/YYYY)	03/09/2016		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) PETERS II, JERRY WAYNE											ID Num.	12819	
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS											Service/Region/DA	H P 1 A 1 1	

Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457
 Refer to Attached Code Sheet for Numbered Fields
 *These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 03 / 03 / 2016		*Crash Time (24HRMM) 0524		Case ID		Local Use	
*County Name DALLAS				*City Name GRAND PRAIRIE			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.7826		Longitude (decimal degrees) 097.0227	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num.		2 Rdwy. Part 1		Block Num.	
3 Street Prefix		* Street Name PRESIDENT GEORGE BUSH TURNPIKE		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit 70		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
Block Num.		3 Street Prefix		Street Name		4 Street Suffix	
Distance from Int. or Ref. Marker 10		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker N		Reference Marker 505	
Street Desc.		RRX Num.					
Unit Num. 3		5 Unit Desc. 1		<input checked="" type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FPZ0364		VIN JTG6GF10UXY0080626					
Veh. Year 2000		6 Veh. Color WHI		Veh. Make LEXUS		Veh. Model RX 300	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address JONES, SHAVETTE RENE, 800 LINK DR DUNCANVILLE, TX 75116					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name HOME STATE	
Fin. Resp. Phone Num. (254) 776-4521		27 Vehicle Damage Rating 1 3 - R F Q - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By JORDAN'S TOWING		Towed To 601 DIGITAL DR., PLANO, TX 75075					
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By		Towed To					

NARRATIVE AND DIAGRAM

Susan C. Adams

From: Camacho, Jncarlo <jcamacho@ntta.org>
Sent: Thursday, March 3, 2016 1:40 PM
To: SOCIincidentReport
Subject: Safety Operations Center Incident Report



NORTH TEXAS TOLLWAY AUTHORITY

Below are preliminary details of an incident which occurred on, or involves, NTTA resources.

Incident Type: Traffic Accident - NTTA Property Damage

Date: 3/3/2016

Direction: Southbound **Roadway:** President George Bush Turnpike **Cross Street:** Lower Tarrant Road

Time SOC notified: 5:24 AM **Station Marker:** 505 **CAD#** 1600012254

How notified: Local Police Agency Grand Prairie

Time DPS Dispatched: 5:27 AM **Time DPS Arrived:** 5:42 AM

Resources who responded: ☒ DPS ☒ RSS ☒ Local Police Agency: Grand Prairie ☐ The Cleaning Guys HazMat

☐ DPS PIO ☒ Local Fire/EMS: Grand Prairie ☒ Maintenance: Jorgensen ☒ Wrecker: J&J Towing ☐ Other: N/A

DMS Activated: Yes **NTTA Website Updated:** Yes

Time lane(s) closed/opened:

Lane 1: Closed: 5:34 AM Opened: 9:40 AM **Total Closure Time:** 4 Hours 6 Minutes

Lane 2: Closed: 5:34 AM Opened: 9:40 AM **Total Closure Time:** 4 Hours 6 Minutes

Lane 3: Closed: 5:34 AM Opened: 7:04 AM **Total Closure Time:** 1 Hours 30 Minutes

Lane 4: Closed: N/A Opened: N/A **Total Closure Time:** N/A Hours N/A Minutes

Lane 5: Closed: N/A Opened: N/A **Total Closure Time:** N/A Hours N/A Minutes

Ramp(s) closed/opened: N/A Closed: N/A Opened: N/A **Total Closure Time:** N/A Hours N/A Minutes

Total lane(s)/ramp(s) closed longer than 30 minutes: 3

Property Damage: Per Jorgensen Maintenance 250 feet of paint transfer to inside concrete divider wall and 10 feet of concrete damage.

Weather Conditions: Clear / Dry **Call Tree Activated:** No

Number of vehicles towed: 1 J & J Towing Hospital

Transports: No

Number Transported: N/A Hospital: N/A

Safety Operations Center Staff Member & ID#: J Camacho 8329 **Trooper:** J. Peters 1211

Time Incident was cleared: 9:44 AM **Video Turned over to DPS:** No

Incident details: The Safety Operations Center was notified by Grand Prairie PD of an accident at the above location. Safety Operations Center staff dispatched the above resources. Per DPS, this was two separate accidents. All lanes were closed due to a large amount of debris in all lanes. DPS also advised Jordan Towing had difficulty loading the 18 wheeler due to several axels being broken; which caused lanes 1 and 2 to remain closed for a lengthy period of time. C. Quintanilla with Jorgensen Maintenance reported the above NTTA property damage and placed cones out to notify customers.

Incidents investigated by other agencies:

Local Agency Contacted: No **Agency:** N/A **Local Agency report number:** N/A

Please contact Laurie Davis at 214-224-2358 if you have questions about this incident.

Note: This preliminary report is prepared before the official investigation has been completed and may NOT include final investigatory information. Subsequent investigation may prove some of this information inaccurate. Thank you

Alicyn N. Hauck

From: Darleen Husson
Sent: Thursday, April 28, 2016 1:00 PM
To: 'Gilbert, Mark'
Cc: PHOTOS
Subject: RE: Claim J91871, Inv 110235-I1604112, SR 188950

Thank you

Darleen Husson | TPC Coordinator

From: Gilbert, Mark [mailto:M.GILBERT2@gwccnet.com]
Sent: Thursday, April 28, 2016 12:56 PM
To: Darleen Husson <Darleen_Husson@royjorgensen.com>
Cc: PHOTOS <PHOTOS@gwccnet.com>
Subject: RE: Claim J91871, Inv 110235-I1604112, SR 188950

This is not our claim. The truck was being used by the United States Postal Service not my insured. The truck was leased to them by Ryder. Please contact Greg Archer with Ryder 610-429-2338 to get the contact information for USPS Claims department.

Your claim is respectfully denied.

Best regards,

Mark P. Gilbert
Sr. Liability Adjuster
Great West Casualty Company | Old Republic Insurance Group
624 Six Flags Drive, Suite 240 | Arlington, TX 76011
O: 817-385-2678 | Fax: 800-833-1851
www.gwccnet.com

PLEASE REMEMBER YOUR CLAIM NUMBER ON ALL CORRESPONDENCE

From: Darleen Husson [mailto:Darleen_Husson@royjorgensen.com]
Sent: Thursday, April 28, 2016 11:49 AM
To: Gilbert, Mark
Subject: Claim J91871, Inv 110235-I1604112, SR 188950

Mark

Please see attached repair invoice 110235-I1604112, police report and damage photos for your claim J91871.

My company performs the highway maintenance for the North Texas Tollway Authority (NTTA) on President George Bush Turnpike (PGBT).

Please don't hesitate to contact me with any questions.

Thank you

Darleen Husson | TPC Coordinator

Roy Jorgensen Associates, Inc.
240-436-4913 (Office)
3735 Buckeystown Pike
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Buckeystown, MD 21717
darleen_husson@royjorgensen.com
<http://www.royjorgensen.com>

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